

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90042 048 ***150.00

DOCUMENT # P99000050869

1. Entity Name
OCHOA SIDING INC.

Principal Place of Business

**4012 SEABRIDGE DRIVE
 ORLANDO FL 32839**

Mailing Address

**4012 SEABRIDGE DRIVE
 ORLANDO FL 32839**

2. Principal Place of Business

1963 Lucky Trail

Suite, Apt. #, etc.

3. Mailing Address

1963 Lucky Trail

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

Country

32750

Zip

Country

32750

4. FEI Number

59-3569940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OCHOA, CLAXTON C
 4012 SEABRIDGE DRIVE
 ORLANDO FL 32839**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **OCHOA, CLAXTON C**
 STREET ADDRESS **4012 SEABRIDGE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32839** **1963 Lucky Trail**
Longwood FL 32750

TITLE **D** ☐ Delete
 NAME **OCHOA, HUGO**
 STREET ADDRESS **1204 BENNETT ROAD**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-02

Date

Daytime Phone #

0072017 AV

CR2E034 (9/01)